

87 Nepperhan Ave  
Room 212  
Yonkers, NY 10701

CITY OF YONKERS  
HOME IMPROVEMENT  
LICENSE APPLICATION

Phone: 914-377-6808  
Fax: 914-377-6811  
Website:  
www.YonkersNY.gov

## INSTRUCTIONS FOR USING THIS FORM

**Please Note:**

**If the required supporting documents are not submitted with the application, it will result in the delay and/or denial of the application.**

**Requirements:**

1. Application must be signed by the applicant before a Notary Public.
2. Copy of each vehicle's registration used in the business operation. Bumper stickers for 1—3 vehicles will be issued at no cost; any additional vehicles will be charged a **\$10 fee, per decal**. Each bumper sticker must be placed on the rear, left fender of permitted vehicle.
3. Copy of a valid Driver's License issued by the Motor Vehicle Department. If you do not have a Driver's License, a copy of a Motor Vehicle issued ID Card is required.
4. Certificate of Insurance for general contractor liability (\$500,000) must be submitted, with the City of Yonkers, Office of Licensing/Consumer Protection/Weights and Measures named as a certificate holder.
5. Validated Certificate of Authority card from the New York State Department of Taxation, for sales tax collection. If you engage in Capital Improvements alone, and will not charge NYS sales tax, the CAPITAL IMPROVEMENTS ONLY clause on page three must also be signed before a Notary. To obtain this information call 1-800-972-1233.
6. Certificate of Workers' Compensation Insurance, Form # C-105.2 or SI-12, with the City of Yonkers, Office of Licensing/Consumer Protection/Weights and Measures named as certificate holder. If you are exempt from Workers' Compensation Insurance, you must submit form CE-200. This form can be obtained on line at [www.wcb.state.ny.us](http://www.wcb.state.ny.us), by calling 866-746-0552 or you can visit any Workers' Compensation Office.
7. If applicant is a member of a partnership or sole proprietor of the business and it is located within the County of Westchester, a copy of the Business Certificate obtained from the County Clerk of Westchester County must be provided. For County Clerk call 914-995-2000. If applicant is a corporation, copy of Certificate of Incorporation or filing receipt must be submitted.
8. Application fee of \$300. Payment may be submitted in Cash, Money Order or Business Check. Please make checks payable to The City of Yonkers.
9. Background check will be conducted by the City of Yonkers.
10. No license shall be assignable or transferable.
11. Notify this office IMMEDIATELY of any changes in the information supplied by you on this application.
12. All vehicles of licensees conducting business in the City of Yonkers shall display on the sides of the body of the vehicle, in permanent letters legibly printed, stamped or enameled at least eight (8) inches in height and one and one-half (1 1/2) inches in width, or on a sign attached to the sides of the vehicle or prominently displayed on an enamel sign at least two by three (2 x 3) feet in size permanently attached to the vehicle the name, address and phone number of the owner/business.

**\*\*\*Please Note:** Updated Certificate of Liability Insurance and Certificate of Workers' Compensation Insurance **MUST** be submitted annually.

**Expiration Date:** License expires two years following date of issuance

Mike Spano, Mayor  
Kerry O'Brien Hess, Director

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**Home Improvement**

Pursuant to the provisions of the Code of the City of Yonkers, I the undersigned respectfully petition for the below-listed license in the City of Yonkers, and for that purpose, I hereby provide the following answers to the questions contained herein.

Name:	Social Security #:			
Home Address (P.O. Boxes Not Accepted):				
City:	State:		Zip:	
Home Phone #:	Cell #:		E-mail:	
Date of Birth:	Sex:	Height:	Hair Color:	Eye Color:
Are you a citizen of the United States?				
If not, please provide a copy of your INS A Card and #				
Have you ever been arrested or convicted of a crime?				
If yes, explain:				
Name of Company:				
DBA/Trade or Display Name (If same name, enter N/A):				
Mailing Address:				
City:	State:		Zip:	
Please note: As per the Zoning Law 43-41 (G): Businesses located within the City of Yonkers may not operate (or store vehicles) at a residential address. See Code attached.				
Business Address (P.O. Boxes not accepted):				
City:	State:		Zip:	
Phone #:	Web address:			
Number of vehicles used in business_____. Attach copy of each registration.				
Does company operate at additional locations than listed above? _____ If so, please list all addresses on a separate sheet.				
Type of Home Improvement you perform:				
Has applicant's Home Improvement License ever, in this or other jurisdiction's been revoked? If yes, Provide details:				
Has the applicant ever been licensed under trade/display/company name?				
If yes, provide details:				

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**FOR CORPORATIONS:**

Name and Title of officer of corporation, or a designated agent upon whom process or other legal notice may be served:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Description of Home Improvement work engaged in by applicant: \_\_\_\_\_

Is company/applicant licensed in any other jurisdiction? \_\_\_\_ Yes \_\_\_\_ No If yes, give jurisdictions and license numbers:

**FOR PARTNERSHIP:** Provide the following information for each owner, partner, officer and sales person and general manager

Name	Address	Social Security #	Telephone #

List all unsatisfied judgments in which the applicant, partner(s), or if corporation, each officer are named as judgment debtor. If none, so state. (use extra sheets if necessary)

DATE	Name of Judgment Debtor	Name of Judgment Creditor	Disposition—Court and Date

**Insurance and Sales Tax Information**

Worker's Compensation Policy #: \_\_\_\_\_ Expires: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Disability Benefits Insurance Policy #: \_\_\_\_\_ Expires: \_\_\_\_\_

Name of Company: \_\_\_\_\_

NYS Sales Tax Authority #: \_\_\_\_\_ Expires: \_\_\_\_\_

Certificate of Insurance Policy #: \_\_\_\_\_ Expires: \_\_\_\_\_

Name of Company: \_\_\_\_\_

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Mike Spano, Mayor  
Kerry O'Brien Hess, Director

I, \_\_\_\_\_, being duly sworn, deposes and says that all of the answers in the foregoing application are true.

Sworn and subscribed to before me

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature/Date: \_\_\_\_\_ Print name: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

### **Hold Harmless Clause**

The contractor agrees to protect, defend, indemnify, and hold the City of Yonkers and its employees free and harmless from and against any and all losses, claims, liens, demands, and causes of action of every kind and character including, but not limited to the amount of judgments, penalties, interest, court cost, legal fees incurred by the City of Yonkers et al, death or damages to property (including property of the City of Yonkers et al) and without limitations by enumeration, all other claims or demands of every character occurring or in anyway incident to, in connection with, or arising directly or indirectly out of the said agreement. The contractor agrees to investigate, handle, respond to, provide defense for, and defend any such claims, demands, or suit at its sole expense and agrees to bear all other costs and expenses related thereto, even if it (claims, etc) is groundless, false, or fraudulent.

Signature of Applicant (highest ranking) \_\_\_\_\_ Date \_\_\_\_\_  
Company Official

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_

### **For Capital Improvements Only**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

As a home improvement contractor, the above-named business engages in CAPITAL IMPROVEMENTS ONLY, and therefore, does not require a New York State Sales Tax Identification Number.

NOTE: False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Signature of applicant must be notarized

Sworn and subscribed to before me  
This \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature of Highest Ranking Company Official / Date \_\_\_\_\_

Notary Public or Commissioner of Deeds \_\_\_\_\_

Mike Spano, Mayor  
Kerry O'Brien Hess, Director

## Chapter 43. Zoning

### Article VI. Supplementary Use and Dimensional Regulations

43-41. Supplementary regulations for certain accessory residential uses and structures.

#### G. Home occupations.

(1) Any occupation or activity carried out for gain by a resident shall be conducted entirely within the dwelling unit and shall be clearly incidental to the use of the structure as a dwelling. No accessory structures or areas outside the principal structure shall be used for or in connection with the home occupation.

(2) There shall be no change in the appearance of the dwelling or premises, or any visible evidence of the conduct of a home occupation.

(3) There shall be no storage of equipment, vehicles or supplies associated with the home occupation outside the dwelling.

(4) There shall be no display of products visible in any manner from outside the dwelling, nor shall any advertising display or identification signs be permitted.

(5) No persons outside of the residents who occupy the dwelling shall be permitted to work on the premises.

(6) The home occupation shall not involve the use of commercial vehicles or delivery service for delivery of materials to or from the premises or create more traffic than is customary for a residence of the type permitted in the zone.

(7) No customer, clients, colleagues, or members of the public shall visit the home in connection with the home occupation carried on within the dwelling.

(8) No additional on-or-off-street parking spaces for clients or customers shall be provided on the premises.

(9) Commercial newspaper, radio, or television services shall not be used to advertise the location of the home occupation to the public.

(10) No equipment or process shall be used in a home occupation other than is customarily used for domestic and household purposes, and no equipment shall be used or process conducted which creates, noise vibration, glare, fumes or odors detectable to the normal senses at the property boundary lines of the premises.